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PLACE OF BIRTH

1. County of Pima
District of San Carlos
Town of _____
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 200
County Registrar No. 10/3
Local Registrar No. _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Hattie Harris } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? yes 6. Date of birth 12 23 21
Month day year

5. FATHER
Full name Richard Leuma Harris

9. Residence (Usual place of abode) San Carlos
If nonresident, give place and state Ariz

10. Color or race 4/4 Indian 11. Age at last birthday 30 (Years)

12. Birthplace (city or place) San Carlos
(State or country) Ariz

13. Occupation Clerk in Store
Nature of industry

14. MOTHER
Full maiden name Nettie Bullis

15. Residence (Usual place of abode) San Carlos
If nonresident, give place and state Ariz

16. Color or race 4/4 Indian 17. Age at last birthday 21 (Years)

18. Birthplace (city or place) San Carlos
(State or country) Ariz

19. Occupation Housewife
Nature of industry

20. Number of children of this mother (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 0
(Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:30 p.m. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Given name added from supplemental report _____
Month, day, year.

Signature C. H. Sawyer M.D.
(Physician or midwife)
Address San Carlos Ariz

Filed 12-1-3 1920
County Registrar.

Registrar.

882-1003-522